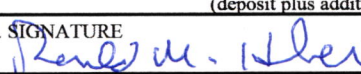


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|---|---|---|----------------------|---|-----------------------------|
| AO 435 (Rev. 04/18) | | ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS | | FOR COURT USE ONLY | |
| TRANSCRIPT ORDER | | | | DUE DATE: | |
| <i>Please Read Instructions:</i> | | | | | |
| 1. NAME AUSA Ronald M. Huber | | 2. PHONE NUMBER (434) 293-4283 | | 3. DATE 3/27/2019 | |
| 4. DELIVERY ADDRESS OR EMAIL 255 W. Main Street, Suite 130 | | 5. CITY Charlottesville | | 6. STATE VA | 7. ZIP CODE 22902 |
| 8. CASE NUMBER 4:18-cr-00011 | 9. JUDGE Judge Urbanski | | DATES OF PROCEEDINGS | | |
| | | 10. FROM 3/11/2019 | | 11. TO 3/11/2019 | |
| 12. CASE NAME United States v. Jaquan Trent | | LOCATION OF PROCEEDINGS | | | |
| | | 13. CITY Roanoke | | 14. STATE Virginia | |
| 15. ORDER FOR | | | | | |
| <input type="checkbox"/> APPEAL | | <input checked="" type="checkbox"/> CRIMINAL | | <input type="checkbox"/> CRIMINAL JUSTICE ACT | |
| <input type="checkbox"/> NON-APPEAL | | <input type="checkbox"/> CIVIL | | <input type="checkbox"/> BANKRUPTCY | |
| | | | | <input type="checkbox"/> IN FORMA PAUPERIS | |
| | | | | <input type="checkbox"/> OTHER | |
| 16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) | | | | | |
| PORTIONS | | DATE(S) | | PORTION(S) | |
| <input type="checkbox"/> VOIR DIRE | | | | <input type="checkbox"/> TESTIMONY (Specify Witness) | |
| <input type="checkbox"/> OPENING STATEMENT (Plaintiff) | | | | | |
| <input type="checkbox"/> OPENING STATEMENT (Defendant) | | | | | |
| <input type="checkbox"/> CLOSING ARGUMENT (Plaintiff) | | | | <input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy) | |
| <input type="checkbox"/> CLOSING ARGUMENT (Defendant) | | | | | |
| <input type="checkbox"/> OPINION OF COURT | | | | | |
| <input type="checkbox"/> JURY INSTRUCTIONS | | | | <input checked="" type="checkbox"/> OTHER (Specify) | |
| <input type="checkbox"/> SENTENCING | | | | Guilty Plea Hearing | |
| <input type="checkbox"/> BAIL HEARING | | | | 03/11/2019 | |
| 17. ORDER | | | | | |
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| CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional). | | | | ESTIMATE TOTAL | 0.00 |
| 18. SIGNATURE  | | | | PROCESSED BY | |
| 19. DATE 3/27/2019 | | | | PHONE NUMBER | |
| TRANSCRIPT TO BE PREPARED BY | | | | COURT ADDRESS | |
| | | DATE | BY | | |
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| DEPOSIT PAID | | | | DEPOSIT PAID | |
| TRANSCRIPT ORDERED | | | | TOTAL CHARGES | 0.00 |
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| ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT | | | | TOTAL REFUNDED | |
| PARTY RECEIVED TRANSCRIPT | | | | TOTAL DUE | 0.00 |

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